

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 47 | 2/1/01 |
| FORMALITY REVIEW | AM | 917 | 03-05-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 12/03/01 |
| 2 | 08/12/02 |
| 3 | 02/24/03 |
| 4 | 11/10/03 |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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